



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• CTD044121606

INSTALLATION ADDRESS

ALGONQUIN INDUSTRIES, INC
129 SOUNDVIEW ROAD PO BOX 4
GUILFORD CT 06437

129 SOUNDVIEW ROAD
GUILFORD CT 06437

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

CTDD044121160621 A 891203

DEC 8 10 24 AM '80

I. NAME OF INSTALLATION

Algonquin Industries, Inc

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3129 Soundview Road PO Box 441

CITY OR TOWN

Guilford

ST.

CT

ZIP CODE

06437

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5129 Soundview Road

CITY OR TOWN

Guilford

ST.

CT

ZIP CODE

06437

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

Townsend John Chairman

PHONE NO. (area code & no.)

203 453 4348

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Algonquin Industries, Inc

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
S	W	C	T	D	0	4	4	1	2	1	6	0	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>John M. Townsend</i>	NAME & OFFICIAL TITLE (type or print) JOHN M. TOWNSEND CHAIRMAN ALCONQUIN INDUSTRIES, INC	DATE SIGNED 12-1-80
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REQUEST FOR CHANGE

EPA ID #: CTD 044121606

COMPANY NAME: Algonquin Industries

TOWN: Guilford

3788
8/3
2/20/89
JPK.

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Townsend John	Carmine A Civetelli	per 1987 Report
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.



ALGONQUIN INDUSTRIES

129 Soundview Road / Guilford, Connecticut 06437 / telephone (203) 453-4348

December 3, 1980

EPA Region
Permits Branch
P. O. Box 8748
Boston, MA 02114

Attention: Mr. Rich Cavagnero
Mr. Don Maki

Gentlemen:

Thank you for your prompt response in mailing the Notification of Hazardous Waste Activity forms and your explanatory help during our telephone conversations.

We have completed EPA form 8700-12 and wish to add this additional information.

1. We are a federally defined small business, primarily engaged in the drawing and rolling of aluminum and copper re-draw rod to flat wire.
2. Our mills' and drawing machine lubricants, in closed loop systems, are Shell Carnea Oil, a mineral oil with no additives and Shelldraw A, a mineral oil with a fatty oil additive. We find no hazardous waste number for these products. They do not seem to qualify as ignitable, corrosive, reactive, or toxic under EPA definitions.
3. We use 1,1,1 tetrachloroethane as a cleaner in a closed loop system complete with recovery stills and chillers. The residual waste at cleanout generates approximately 100-150 gallons of a 60/40 to 70/30 mixture of mineral oil to 1,1,1 tetrachloroethane monthly. It is stored in 55 gallon drums and returned to the seller of the 1,1,1 tetrachloroethane for recycling. Under paragraph 261.31 we have listed this material as F001, hazardous waste from non-specific sources.

. . . / / /

EPA Region
Permits Branch
Att: Mr. Rich Cavagnero
 Mr. Don Maki
December 3, 1980
Page 2

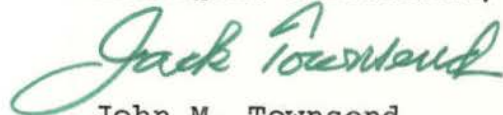
4. Small quantities of a mixture of mineral spirits and machine oil are generated from cleanout of machine tool drip pans and stored in a 55 gallon drum. Approximately one drum is generated per month. We also have recently installed a 1,000 gallon tank in a dammed enclosure to collect this material over a longer period. We have listed this material as ignitable under characteristics of non-listed hazardous waste D001. It is sold to Connecticut Waste Oil for re-finishing.

As you can probably estimate from this summary and our telephone conversations, we have been considered a small quantity generator, but our quantity measurements at our most recent level of activity suggest we are at the limits of that category and could exceed the monthly quantity parameters if scheduled pick-ups did not meet schedule. Accordingly, we are applying for our EPA I.D. Number, as our projected levels of activity would most certainly cause us to exceed the small quantity generator parameters.

Thank you for your assistance in preparing this application and notification.

Sincerely,

ALGONQUIN INDUSTRIES, INC.



John M. Townsend
Chairman

JMT:djm

NEW

Facility Name Algonquin Gas Transmission

EPA I.D.# CTD 065514606

Facility Rep. Richard Asselin, Super.

Inspector C. Gleason Date 11/21/95

RCRA LAND DISPOSAL RESTRICTIONS

GENERATOR COMPLIANCE (Complete this section for all Generators and TSDFs)

Waste Identification

1. Obtain copy of the generator's Annual Report. (Provide this to EPA with the checklist if violations are detected.)
2. Waste Codes listed in the Annual Report and evaluated during the inspection:

D001 D006 D007 D008 D018 _____

3. For newly generated wastes, "one-time" wastes, wastes from cleanups, and other wastes not appearing on the Annual Report, provide the following:

<u>Waste Code(s)</u>	<u>Description (composition/source)</u>	<u>Subcategory/ Treatability Group</u>	<u>Frequency/ Amount Generated</u>	<u>Receiving Facility</u>
D001	flam. liq.	} clean out		Rollins (Bridgeport NJ)
D001	org. perox			
D002	corr. liq.			

4. Are the waste codes identified by the company correct? If NO, Explain:

<u>Company Code(s)</u>	<u>Suspected Code(s)</u>	<u>Reason/Explanation</u>
		Appear OK

5. Manifests reviewed from 1994 - 1995
 (month/year)

GENERATOR COMPLIANCE

LDR Notifications

Shipments for which notifications were NOT on file:

B ~~NOTE~~ This section is for shipments of waste which were not accompanied by LDR notifications. This section should be completed when no notifications were on file for a particular waste code. If all notifications are on file, or only a few are missing for a particular waste code, DO NOT USE THIS SECTION, use sections C, D, or E.

1. No Notifications were on file for the following waste codes: see below

2. Is there an indication that these Notifications were sent and not retained? Y N

Please Explain; (for example: are blank notification forms on-site?)

3. [268.7(a)] Did the generator determine that these wastes were subject to LDR? Y N

Please Explain; (for example, was there any evidence of a determination?, did the generator have any knowledge of the regulations?)

Was this determination correct? Y N If NO, Explain:

4. List of shipments for which NOTIFICATIONS WERE NOT ON FILE:

<u>Manifest No.</u>	<u>Date</u>	<u>Waste Code(s)</u>	<u>Explanation (incorrect determination?)</u>
00297729 (TX)	0001/0018		NO LDR ON-SITE
00307591 (TX)	0001/0018		NO LDR ON-SITE
00604394 (TX)	0001/0018		NO LDR ON-SITE
00604391 (TX)	0001/0018		NO LDR ON-SITE
UF0367035	0008		NO LDR ON-SITE
NJA 1914454	0001 + 0002		NO LDR ON-SITE

(continue on back, if necessary)
[Obtain Copies of Manifests, Where Possible]

NO NOTIFICATIONS ON FILE

Shipments for which notifications WERE sent:

C

1. WASTE EXCEEDS TREATMENT STANDARDS for: (waste codes) All on p. 1
and notifications WERE on file. (if NONE, go to D)

2. [268.7(a)] Determination Based on:

	<u>For Waste Codes</u>	
Knowledge of Wastes	<input checked="" type="checkbox"/> Y	Basis <u>process</u>
TCLP	<input type="checkbox"/> Y	Last Analysis: _____
Total Waste Analysis	<input type="checkbox"/> Y	Last Analysis: _____
Other	<input type="checkbox"/> Y	Explain _____

3. Did generator identify all applicable waste codes? Y N

If NO, Explain and list wastes for which all waste codes were not identified: UNKNOWN

Note: Even if the waste is identified as a listed waste code (F,K,P, or U), all pertinent characteristic waste codes (D) must also be listed. However, if the treatment standard for the listed waste code contains a standard for the characteristic constituent, the characteristic waste code need not be included. For example, a F006 sludge which contains lead at a concentration greater than 5 ppm does not have to be listed as a D006 as well since the F006 treatment standard contains a standard for lead. [268.9]

4. [268.7(a)(1)(i-iv)] For Each Waste, Did Notification Contain:
(SEE APPENDIX I)

If NO, relevant
Waste code(s)

(a) Waste Code(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
(b) Manifest Number	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
(c) Waste Analysis Data	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N <u>Not Available</u>
(d) Treatment Standard: {APPENDIX VIII}		

For F001-F005, F039 and California List:

for example

F003:Acetone	The specific Treatment Standard <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
all other spent	(if a table is used, the specific constituent(s)
solvents	and treatability group must be identified)
0.59 mg/l	

For all other wastes: The specific Treatment Standard ☒ Y ☐ N

for example

Acid Corrosive	The Subcategory of the Waste <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
nonwastewater	The Treatability Group <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
40CFR 268.42(a)	Appropriate CFR Reference <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
DEACT	For waste with treatment standards expressed as specified technologies; the five-letter treatment code <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

5. [268.7(a)(6)] Did the generator retain copies of all Notifications ☒ Y ☐ N

(If there were any missing or inadequate notifications, please list them on page 5.)

WASTE EXCEEDS TREATMENT STANDARDS

D

1. WASTE MEETS ALL TREATMENT STANDARDS for: (waste codes) None
and notifications ~~WERE~~ on file. (if NONE, go to E)

2. [268.7(a)] Determination Based on:

For Waste Codes

Knowledge of wastes Y
TCLP Y
Total Waste Analysis Y
Other Y

Basis
Last Analysis:
Last Analysis:
Explain

**** OBTAIN COPIES OF WASTE ANALYSIS DATA OR SUPPORTING DOCUMENTATION ****

3. Did generator identify all applicable waste codes? Y N

If NO, Explain and list wastes for which all waste codes were not identified:

4. [268.7(a)(2)(A-D)] Did Notification Contain: {SEE APPENDIX I}

Waste Code(s) Y N
Treatment Standard Y N (as outlined in Section C above)
Manifest Number Y N
Waste Analysis Data Y N Not Available

Certification Statement [268.7(a)(2)(ii)] Y N

5. [268.7(a)(6)] Did the generator retain copies of all
Notifications/Certifications Y N

(If there were any missing or inadequate notif/certs, please list them on page 5.)

6. Based on the information provided (waste analysis data, type of waste), is the above NOTIFICATION/CERTIFICATION accurate? Y N
(i.e., did the waste actually meet treatment standards?)

If NO, Explain:

WASTE MEETS TREATMENT STANDARDS

E

1. WASTE SUBJECT TO A National Capacity Extension (NCE) for: (waste codes) NONE
(SEE APPENDIX VI & VII) Case by Case Extension for: (waste codes) NONE
No Migration Petition for: (waste codes) NONE
and notifications WERE on file. (if NONE, go to CDE)
2. Based on the information provided (waste analysis data, type of waste), is the above NOTIFICATION accurate? Y N
(i.e., are they actually subject to the extension/variance?)

Note: If a waste code subject to a NCE is also subject to the California List prohibition levels, that waste is no longer eligible for a NCE. The California List is as follows: Liquid hazardous wastes with cyanides ≥ 1000 mg/l, Liquid hazardous wastes containing: arsenic ≥ 500 mg/l, mercury ≥ 20 mg/l, cadmium ≥ 100 mg/l, nickel ≥ 134 mg/l, chromium VI ≥ 500 mg/l, selenium ≥ 100 mg/l, lead ≥ 500 mg/l, thallium ≥ 130 mg/l, and/or PCBs ≥ 50 ppm, Liquid hazardous wastes having a pH ≤ 2 , Hazardous wastes ≥ 1000 ppm of Halogenated Organic Compounds (HOCs).

If no, Explain:

3. [268.7(a)(3)(i-v)] Did Notification Contain (for wastes subject to EXTENSION):
(SEE APPENDIX I)
Waste Code(s) Y N
Treatment Standard Y N (as outlined in Section C above)
Manifest Number Y N
Waste Analysis Data Y N Not Available
Date the waste is subject to the Prohibitions Y N

4. [268.7(a)(6)] Did generator retain copies of all Notifications? Y N

(If there were any missing or inadequate notifications, please list them in CDE below.)

CDE

MISSING OR INADEQUATE NOTIFICATIONS? (for shipments of waste outlined in sections C, D, or E above.)
[list information and explain (not sent, not retained, no treatment standards?)]
From which section?
Manifest No. Date Waste Code(s) C, D, or E? Explanation

See p. 2

[continue on back, if necessary][Obtain Copies of Manifests, Where Possible]

EXTENSION / VARIANCE

MISSING, INADEQUATE

Generator Treatment Methods

1. Does the generator (non-TSDF) treat wastes (to meet the Treatment Standards) in containers or tanks. ☐ Y ☒ N

Please Explain: (which wastes, type of treatment, etc.)

If YES: (a) Has the generator developed a waste analysis plan for this activity? [268.7(a)(4)] ☐ Y ☒ N

(b) Has the generator submitted this plan to the Regional Administrator? [268.7(a)(4)] ☐ Y ☒ N

2. Does the generator dilute wastes as a part of any process regulated by other EPA programs (e.g. wastewater treatment system) ☐ Y ☒ N

Please Explain: (which wastes, how are they diluted, etc.)

If YES: Is a record kept indicating why the waste is not prohibited by the LDR? ☐ Y ☒ N

3. Is there any reason to believe that the generator may have impermissibly diluted the waste to change or achieve the applicable treatment standard? (based on review of process operation, pipe routing, and point of sampling)? [268.3] {SEE DILUTION FLOWCHART: APPENDIX IX} ☐ Y ☒ N

If YES, Please explain in detail: Use back of checklist or attach sheet.

4. Did the generator mix wastes with differing treatment standards for the same constituent? ☐ Y ☒ N

If so, did the generator select the most stringent treatment standard for each constituent? [268.41(b)] ☐ Y ☒ N

5. Has the generator conducted any type of remedial project or cleanup that may have generated waste subject to the LDR? ☐ Y ☒ N

Has information on this waste been included in sections B, C, D, or E of this checklist? ☐ Y ☒ N

Please explain the circumstances, wastes, and the methods by which the generator handled these wastes (i.e., was it a soil cleanup, was it properly classified, where was it shipped...):

(continue on back, if necessary)

G

1. Characteristic wastes treated so they are NO longer hazardous (waste codes)

== THESE PROVISIONS DO NOT APPLY TO CHARACTERISTIC WASTES WHICH ARE TREATED BUT STILL EXHIBIT THE CHARACTERISTIC ==

(If NONE, go to H)

Explain waste type and treatment process which removes characteristic:

2. Was this waste subsequently shipped to a Subtitle D (non-hazardous) landfill? ☐ Y ☐ N (If NO, go to H)

3. [268.9(d)] Did Generator (or treatment facility) Send a Notification/ Certification to the Regional Administrator for each shipment of such waste to a Subtitle D land disposal facility (non-hazardous landfill)? ☐ Y ☐ N

4. [268.9(d)(1)(i-iii)] Did Notification Contain: {SEE APPENDIX I}

Name and Address of Subtitle D facility ☐ Y ☐ N

Description of Waste Initially Generated (including Hazardous Waste Number and Treatability Group) ☐ Y ☐ N

The Treatment Standards Applicable to the Waste at the Initial Point of Generation ☐ Y ☐ N

Certification Statement [269.9(d)(2); 268.7(b)(5)(i)] ☐ Y ☐ N

OTHER COMMENTS:

H

END GENERATOR CHECKLIST

FOR TREATMENT AND/OR STORAGE FACILITIES
THIS CHECKLIST SHOULD BE COMPLETED AS WELL AS THE FOLLOWING PAGES

CHARACTERISTIC WASTES
COMMENTS